

16834 U.S. PTO 10/686070



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C	omplete if Known
oplication Number	
iling Date	7/11/03
irst Named Inventor	DAVID L. ADAMS
kaminer Name	EL AUAMS
roup Art Unit	

TOTAL AMOUNT OF PAYMENT (\$) 375		_	-	Art U			
		Attorney Docket No.					
METHOD OF PAYMENT		FEE CALCULATION (continued)					
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit	3. A	DDI	TIO	NAL	FEES	CONTINUED (Continued)	
Account	1.	La	90	31	mali		
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Nama	106	130	20	5 65	Surchar	ge - late filling fee or oath	
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	.127	50	22	7 25	Surchard cover sh	ge - late provisional filing fee or eet	
Applicant claims amail entity etatus. See 37 CFR 1.27	139	130	138	130	Non-Eng	ilish specification	
2. Payment Enclosed:	147	2,520	147	2.520		a request for ex parte reexamination	
Check Credit card Money Order Other		350.		2 920	* Requesti Examine	no publication of ord	
FEE CALCULATION	113 1		11:	1,84	0" Requesti Examine	ng publication of SIR after raction	
1. BASIC FILING FEE Large Entity Small Entity		110	215	55		n for reply within first month	
Fee Fee Fee Fee Bearription		390	216		Extension	for reply within second month	
Code (\$) Code (\$)		890		445		for reply within third month	
3375	118 1		218	695	Extension	for reply within fourth month .	
100 520 208 180 Design filing fee	128 1				Extension	for reply within fifth month	
The state of the s			218		Notice of		
Total and the state of the stat			220		Filing a br	lef in support of an appeal	
t rovisional raing tes			221			or oral hearing	
SUBTOTAL (1) (8) 375			240	1,510 55		institute a public use proceeding	
2. EXTRA CLAIM FEES	140					revive - unavoidable	
Extra Claims below Foe Paid	142 1,		241 242			revive - unintentional	
otal Glaims20" = X			243	220	Design tes	e fee (or reissue)	
Cialms X	144 6		244	300	Plant issue	_	
Multiple Dependent	122 1	30	122	130		the Commissioner	
Large Entity Small Entity	123	50	123	50		1 fee under 37 CFR 1.17(q)	
Fee Fee Fee Fee Fee Description	126 1	80	128	180		of Information Disclosure Stmt	
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581	40	581	40	Recording	each patent assignment nos	
102 80 202 40 Independent claims in excess of 3	146 7	10	246	28.	property (a	mes number of properties)	
104 270 204 135 Multiple dependent claim, if not paid	140 /	,0	246	355	(37 CFR §	omission after final rejection	
109 80 209 40 "Relistue independent claims over original patent	149 7	10	249	355	For each a	dditional invention to be (37 CFR § 1.129(b))	
110 18 210 9 "Relsaue dalms in excess of 20 and over original patent	179 7	10	279	355		Continued Examination (RCE)	
and order dulighted patent	169 9	00 1	89	900	Request for	Axpedited examination	
SUBTOTAL (2) (\$)		of Other fee (specify)		of a design application			
*Or number gravity and if annual Fig. 2.							
7 FOR PARTY POLICE STATE	Kednce	g Dy	589iC	riling	Fee Paid	SUBTOTAL (3) (\$)	

SUBMITTED BY				
Name (PrintType)		Complete (If applicable)		
The span	Registration No. (Attorney/Apent)	Telephone		
Signature				
		Date .		

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